



CHIP Extended Plan Mental Health Benefits for a Child with a Serious Emotional Disturbance (SED)

WHO'S ELIGIBLE?

- Child (up to 19 years old) who is enrolled in CHIP
- Child who DPHHS determines to have SED

WHAT ARE THE SERVICES? (Benefit table on reverse)

- **CHIP BASIC PLAN** mental health benefits includes pharmacy services, inpatient mental health services, therapeutic group home services (including room and board) and individual and family psychotherapy office visits. There are limits on some of these services.
 - **CHIP BASIC services are billed to the CHIP Plan of Blue Cross Blue Shield of Montana (BCBSMT).**
- **CHIP EXTENDED PLAN** mental health benefits include additional individual and family psychotherapy office visits and therapeutic group home services as well as other community based services, not covered under the CHIP BASIC Plan. Other services include: therapeutic family care (moderate level); day treatment; community based psychiatric rehabilitation and support (CBPRS), and respite care. These benefits became available March 1, 2006.
 - **CHIP EXTENDED services are billed to Affiliated Computer Systems (ACS).** A CHIP Explanation of Benefits (EOB) denial is sent with the claim to ACS when the child reaches the CHIP BASIC limit on psychotherapy visits and/or therapeutic group home services.

HOW IS A CHILD DETERMINED ELIGIBLE FOR CHIP EXTENDED PLAN BENEFITS?

- A CHIP Mental health provider must complete a clinical assessment and submit it to: CHIP SED Specialist, DPHHS, PO Box 202951, Helena, MT 59620.
- The Department reviews the assessment and makes the SED determination. The family and mental health provider are notified of decision (approved, denied, or more information is requested).
- SED assessments are only paid for children enrolled in CHIP.

WHEN DO SERVICES BEGIN?

- Once approved, the child with SED can access the CHIP Extended Plan benefits beginning the first day of the following month. (Example: If the SED assessment is approved in March, the child is eligible for CHIP Extended Plan benefits beginning April 1.)

WHAT ELSE DO I NEED TO KNOW?

- Comprehensive School & Community Treatment (CSCT) services are **not** covered.
- Case management services are **not** covered. The CHIP Extended Plan relies upon the mental health provider and the family to coordinate services.
- Payment for services under the CHIP Extended Plan are based on the "Medicaid Mental Health and Mental Health Services Plan Fee Schedule." (<http://www.dphhs.mt.gov/mentalhealth/children>)
- The CHIP Extended Plan requires no co-payments and there is no need for pre-authorization of services once the child's CHIP Extended Plan benefits begin.
- CHIP Basic Plan and Extended Plan benefits begin anew each October 1. An updated SED assessment is required when the CHIP family completes their annual renewal application.

FOR MORE INFO:

- Contact CHIP @ 1-800-KidsNow (543-7669) or 444-6971 or FAX 1-877-418-4533 or e-mail chip@mt.gov The CHIP Extended Plan manual is available on the CHIP website at www.chip.mt.gov, under the "Provider" or "Family Resources" tabs.

CHIP Mental Health Benefits

All services must be medically necessary

| Mental Health Benefit | CHIP Basic Plan Mental Health Benefits Services per Benefit Year¹ (Payments through BCBSMT) | CHIP Extended Plan² Mental Health Benefits Services per Benefit Year (Payments through ACS) | CHIP Extended Plan PROCEDURE CODES |
|--|---|--|--|
| Pharmacy | Covered | ----- | ----- |
| Inpatient Hospitalization Partial Hospitalization ³ Residential Treatment Center | Covered 21 days per benefit year (or 42 partial days per benefit year) | No Additional Benefit | ----- |
| Therapeutic Group Home (includes room & board) | Covered Counts towards the 21 days 'inpatient hospitalization' | Covered Additional 30 days | S 5145 With or Without Modifiers TG or TF |
| Therapeutic Family Care (moderate level – in child's home) | Not Covered Some limited exceptions apply | Covered 30 days | S 5145 With Modifier HR |
| Day Treatment | Not Covered | Covered 120 hours | H 2012 With Modifier HA |
| CBPRS Community Based Psychiatric Rehabilitation and Support | Not Covered | Covered 120 hours | H 2019 |
| Psychotherapy Office Visits Individual and/or Family | Covered 20 visits Maximum of four visits may be for the family without the child | Covered Additional 30 individual and/or family office visits ⁴ | 90801 90802 90804 90806 90810 90812 90846 90847 |
| Respite Care | Not Covered | Covered 144 hours | S 5150 With Modifier HA |
| SED Clinical Assessment | Counts as one of the 20 individual psychotherapy office visits if BlueCHIP limit isn't reached. | Counts as one of the 30 additional visits. A maximum of two (2) assessments per benefit year are reimbursed, even if the youth is not determined to have SED ⁵ | 90801 90802 |

NOTE: Under the CHIP Basic Plan, no limit is placed on CHIP insurance benefits for mental health services for children with the following diagnoses: schizophrenia, schizoaffective disorder, bipolar disorder, major depression, panic disorder, obsessive-compulsive disorder, and autism. Extended Plan limits apply to all children regardless of diagnosis.

* * To obtain an SED determination * * *

Current clinical information in the form of a psychological assessment with DSM-IV diagnosis (completed by a licensed psychologist, social worker, or professional counselor), and social history is forwarded to the CHIP office. "Current" means completed or updated within the past six months. Department staff will determine if the youth meets the criteria for serious emotional disturbance pursuant to the SED definition set forth in ARM 37.86.3702(2). The **Clinical Assessment** is a psychological assessment with DSM-IV diagnosis and a social history. It include the following details: diagnosis supported by rationale and specific behaviors; presenting problem; history of problem; psychiatric history (interventions, responses, medications); social and educational history; and risk factors.

¹ CHIP Mental Health Extended Plan Benefit Year is October 1 through September 30

² Extended Plan provides additional mental health benefits, as listed in this table, for CHIP-enrolled children with a serious emotional disturbance (SED), who complete the SED approval process through CHIP.

³ Use of partial hospitalization applies to inpatient hospital limit at the rate of two partial hospital days for one inpatient hospital day.

⁴ The combined total of individual and/or family visits is limited to a total of 30 visits.

⁵ CHIP staff prior approval is necessary to exceed limit of 2 assessments per benefit year.